Insurance Coding: Teaching Our Periodontics Residents

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axiUrn / Power Admin / Patient Access / EasyMarkit Administrator

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Objectives

• Our goals and expectations of the residents
• Our approach to teaching CDT insurance codes
• Describing and understanding the appropriate uses of the codes we teach
• How axiUm contributes to the educational process
• Understanding the use and benefits of organized quick lists in axiUm
• How to setup and use macro insurance codes in axiUm
Insurance Coding: What do students learn in Pre-Doctoral Programs?

• The results of an informal survey – minimal insight into coding

• What did they learn?
  – Some procedural codes, but no real understanding of the codes
  – **Familiar codes** (D1110 - Adult Prophy, D0120 - Periodic Oral Evaluation, D0210 – Complete Series of Radiographs)
  – Rarely any understanding of the differences between codes such as D1110 and D4910
Our Goal With Our Residents

• Reach an understanding of **which codes should be chosen** for specific patient visits.

• Reach an understanding of **which codes must be “bundled”** for complex treatments such as periodontal flap surgery, particulate graft, regenerative biologic, membrane.

• **Become comfortable using the axiUm software** choosing procedure codes.
Our Goal With Our Residents

- Gain an understanding of how these insurance codes are developed, maintained, changed and the importance of remaining current with the code structure.

- Become comfortable consulting the CDT publication as a reference for these insurance coding issues.

- Consider the experiential information many of our faculty members bring from their private practices in the arena of claims filing, educating patients about insurance and the intricacies of dealing with insurance carriers.
What We Don’t Expect of Our Residents

• Memorize the entire CDT publication.
• Complete patient visits without using the CDT or information embedded in axiUm by our administrator.
One MUST Stay Current With CDT Codes!

We have this book, but codes are not in effect until January 1, 2014.
CDT Books Come With a CD

These are PDF’s
Coding exercises and discussion on how to use codes appropriately
Coding Exercise #21

When a “quadrant” procedure involves teeth that cross the midline

Lars was pretty good about taking care of his teeth, but struggled with his gums because of an anti-seizure medicine that he took for epilepsy. A hockey accident as a 25-year-old had left him with a fixed bridge from #22–27, replacing #s 23, 24, 25, & 26. Although he brushed and flossed diligently, he had a hard time with flossing under the bridge because gum tissue had grown up around it. This seemed to make his gum problem even worse.

Now Lars had 4–5 mm pocket measurements around #22 & #27 because of the heavy fibrotic tissue. There was no apparent loss of bone around these teeth, so Dr. Svenson recommended surgically removing the excess tissue and restoring a more cleansable gingival contour around Lars’ bridge.

How would you code this visit?

Solutions:

Dr. Svenson’s reshaping of Lars’ gingival tissue would be coded as:

- D4211 gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant

The code would be used twice, once for each quadrant. Even though the two teeth being treated are contiguous with the bounded space between them, the teeth are in different quadrants and the space is not bounded in either quadrant.

This procedure would usually be reported by listing the tooth numbers of the teeth treated. When reporting “quadrant” codes listing both tooth numbers and quadrants may facilitate third-party payer claim adjudication.
Our Approach

• Show the residents how the codes are accessed in axiUm.
• Discuss the most recent CDT publication available at the time of the new first-year residents’ orientation period.
• Consider, in detail, the sections of the CDT that will apply most often to the residents’ anticipated experiences.
The Most Recent Available CDT

• For this group of residents who began our program July 1, 2013, we are using the CDT-2013.
• We ordered the CDT-2014 from the ADA two days before the presentation with our residents this year.
• We explain the CDT as a reference tool.
• We stress that the ADA “owns” the CDT publication.
• We demonstrate how much the CDT must cover and how many of the sections will not apply to most of our patient visits.
The Most Recent Available CDT

- As an attempt to edit the information in the CDT to the information we feel is most applicable, we DO NOT cover:
  
  D2000 – D2999  Most of the restorative procedures  
  D5900 – D5999  Most of the maxillofacial prosthetic procedures  
  D8000 – D8999  Most of the orthodontic procedures
As an attempt to edit the information in the CDT to the information we feel is most applicable, we DO cover in detail:

- **D0100 – D0999**: Most of the diagnostic procedures
- **D1000 – D1999**: Some of the preventive procedures
- **D3000 – D3999**: Some of the endodontic procedures
- **D4000 – D4999**: All of the periodontics procedures
- **D6000 – D6199**: Many of the implant procedures but not all the restorative aspect codes
- **D7000 – D7999**: Some of the oral and maxillofacial surgery procedures
- **D9000 – D9999**: Most of the adjunctive procedures including medicament administration, sedation procedures and occlusion therapies
Differentiation of the examination codes:

- **D0120** Periodic oral evaluation, established patient
- **D0140** Limited oral evaluation, problem focused
- **D0150** Comprehensive oral evaluation, new or established patient
- **D0180** Comprehensive periodontal evaluation, new or established patient
Diagnostic Codes (Codes D0100 – D0999)

Radiograph codes:
- When is a radiograph a part of a procedure and thus a no-charge event?
- When is a follow-up radiograph a no-charge event?
- Stress we have ALL our CBCT studies interpreted by our radiologist to avoid any question of completeness of the interpretation
Preventive Procedures (Codes D1000 – D1999)

D1110  Adult Prophy
D4910  Periodontal Maintenance
D4355  Full Mouth Debridement

• How do you explain these to the patient? “My insurance covers two cleanings per year.”
Endodontic Procedures (Codes D3000 – D3999)

Some are applicable:

- **D3450**  Root Amputation
- **D3920**  Hemisection

  • BOTH include removal of the root; there is not an additional charge for an extraction
  • Any attempt at socket preservation or ridge augmentation is a new charge
Periodontics Procedures (Codes D4000 - D4999)

Codes with definitions of extent of procedure:

D4210 / D4211  Gingivectomy
D4240 / D4241  Gingival Flap
D4260 / D4261  Flap and Osseous Surgery
D4230 / D4231  Anatomic Crown Exposure

• Documentation for code chosen?
Extent of Procedure

“Site: A term used to describe a single area, position, or locus. The word ‘site’ is frequently used to indicate an area of soft tissue recession on a single tooth or an osseous defect adjacent to a single tooth; also used to indicate soft tissue defects and/or osseous defects in edentulous tooth positions.” CDT-2013 page 29
Extent of Procedure

• If two contiguous teeth have areas of soft tissue recession, each area of recession is a single site.

• If two contiguous teeth have adjacent but separate osseous defects, each defect is a single site.

• If two contiguous teeth have a communicating interproximal osseous defect, it should be considered a single site. CDT-2013 page 29
Extent of Procedure

• All non-communicating osseous defects are single sites.
• All edentulous non-contiguous tooth positions are single sites.
• Depending on the dimensions of the defect, up to two contiguous edentulous tooth positions may be considered a single site. CDT-2013 page 29
Periodontics Procedures (Codes D4000 - D4999)

Codes for procedures that seem similar but are not

D4240 / D4241  Gingival Flap
D4260 / D4261  Flap and Osseous Surgery
D4245  Apically Positioned Flap

• What is the difference when choosing the code?
Periodontics Procedures (Codes D4000 - D4999)

Codes for procedures that seem similar but are not

D4230 / D4231  Anatomic Crown Exposure
D4249   Crown Lengthening Surgery

• What is the difference when choosing the code?  Restorative?
Periodontics Procedures (Codes D4000 - D4999)

Codes for nonsurgical therapies

D4341/D4342  Scaling and Root Planing
D4355  Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis

• How will you or should you combine any of these with D1110 Adult Prophy?
Periodontics Procedures (Codes D4000 - D4999)

• Codes for regenerative therapies - Membrane Assisted
  – D4266 (resorbable per site); D4267 (nonresorbable per site and includes removal of membrane)
  – How many membranes are available in your clinic?
  – How do you manage the dramatically variable costs to you for the membrane?
Periodontics Procedures (Codes D4000 – D4999)

• Codes for regenerative therapies
  – D4265 Biologics
  – How many do you utilize? Emdogain; GEM-21; rHBMP-2
  – How do you manage the dramatically different costs to you of these materials?
Periodontics Procedures (Codes D4000 – D4999)

• Codes for regenerative therapies
  – **D4263/D4264** Particulate Grafts
  – How many do you have available: demineralized, mineralized freeze dried bone allograft; hydroxyapatite; BioOss; beta-tricalcium phosphate; calcium sulfate
  – What do you do about autogenous grafting? Charge? No Charge?
Periodontics Procedures (Codes D4000 – D4999)

• Codes for periodontal plastic surgeries
  – It’s not D4271 anymore for a gingival graft- now D4277/D4278 – includes the donor site (for tooth and ridge)
  – D4273 Subepithelial Connective Tissue Graft procedure
  – D4276 Connective Tissue Graft with Double Papilla Flap
  – D4275 Soft Tissue Allograft- augment gingiva with or without root coverage; no donor site
Oral and Maxillofacial Surgery Procedures (Codes D7000 – D7999)

• Biopsies
  – D7286 Soft tissue
  – D7285 Hard tissue
  – D7288 Brush biopsy
  – D7287 Exfoliative cytology
Oral and Maxillofacial Surgery Procedures (Codes D7000 – D7999)

• Orthodontics Related Procedures
  – D7291 Transseptal Fiberotomy/Supracrestal Fiberotomy
  – D7292/D7293/D7294 Temporary Anchorage Devices: plate; screw with surgical flap; screw with no surgical flap
  – D7960/D7963 Frenectomy (frenulectomy)/Frenuloplasty
Oral and Maxillofacial Surgery Procedures  
(Codes D7000 – D7999)  

• “Repair Procedures”  
  – D7951 Sinus augmentation with bone or bone substitutes via a lateral approach; includes any particulate graft materials; does NOT include any barrier membrane(s)  
  – D7952 Sinus augmentation via a vertical approach (Internal Sinus Lift); includes any particulate graft materials
Oral and Maxillofacial Surgery Procedures
(Codes D7000 – D7999)

• “Repair Procedures”
  – **D7953** Bone Replacement Graft for Ridge Preservation; includes any particulate graft materials; does NOT include any barrier membrane(s); socket graft procedure; does NOT include the extraction
Oral and Maxillofacial Surgery Procedures (Codes D7000 – D7999)

• “Repair Procedures”
  – **D7950** Osseous, osteoperiosteal, or cartilage graft of the maxilla or mandible – autogenous or nonautogenous; our block graft procedures; includes obtaining an autogenous graft and/or allograft materials; does NOT include any barrier membrane(s)
Oral and Maxillofacial Surgery Procedures  
(Codes D7000 – D7999)

• “Repair Procedures”
  – D7955 Repair of maxillofacial soft and/or hard tissue defect; “This procedure does not include edentulous maxilla and mandibular reconstruction for prosthetic considerations” (congenital and traumatic). That is D7950.
Adjunctive Procedures (Codes D9000 – D9999)

- **D9210/D9211/D9212** Diagnostic Block Anesthesia and Pain Management
- **D9120** Sectioning a fixed partial denture—yes there is a code to help recoup the cost of those multiple burs for sectioning a bridge
- **D9110** Palliative (emergency) treatment of dental pain
Adjunctive Procedures (Codes D9000 – D9999)

- Sedation
  - D9230 Inhalation Nitrous Oxide – Oxygen Sedation
  - D9248 Oral (Enteral) Sedation
  - D9241/D9242 Intravenous (Parenteral) first 30 minutes; each additional 15 minutes
Adjunctive Procedures (Codes D9000 – D9999)

- **Occlusion**
  - **D9940** Occlusal Guard
  - **D9950** Occlusal Analysis; mounted case
  - **D9951** Occlusal Adjustment: “limited”
  - **D9952** Occlusal Adjustment: “complete”
Adjunctive Procedures (Codes D9000 – D9999)

- Administration of Medicaments:
  - Obviously other than local anesthetics for the procedures
  - Oral medication for prophylactic antibiotic coverage
  - Intravenous medication for prophylactic antibiotic coverage
  - Pain medication
Adjunctive Procedures (Codes D9000 – D9999)

• Administration of Medicaments:
  – D9610 Parenteral, single administration
  – D9612 Parenteral, two or more administrations
  – D9630 Other drugs and/or medicaments, by report: includes but is not limited to oral antibiotics, oral analgesics and topical fluoride dispensed in the office for home use
Implant Procedures (Codes 6100 – 6199)

• Implant Placement
  – D6190 Radiographic/surgical implant index
  – D6010 Surgical placement of implant body; includes second stage surgery if needed and healing cap
  – D6104 Bone Graft at Time of Implant Placement; barrier membrane(s) and/or biologic materials, if used, are reported separately
Implant Procedures (Codes 6100 – 6199)

- **Implant Placement**
  - **D6012** Surgical placement of interim implant body for transitional prosthesis; includes removal later
  - **D6100** Implant Removal; requires a report/narrative; does NOT include any treatment of the resulting socket/extraction site (**D7953**)
Implant Procedures (Codes 6100 – 6199)

• D6101 Debridement of a periimplant defect and surface cleaning of the exposed implant surfaces, including flap entry and closure

• D6102 Debridement and osseous contouring of a periimplant defect and surface cleaning of the exposed implant surfaces, including flap entry and closure

• D6103 Bone graft for repair of periimplant defect; does NOT include flap entry and closure OR barrier membrane(s) and/or biologics
Implant Procedures (Codes 6100 – 6199)

• D6080 Implant Maintenance “...including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis.”
  “...includes a prophylaxis to provide active debriding of the implant and examination of all aspects of the implant system, including the occlusion and stability of the superstructure. The patient is also instructed in thorough daily cleansing of the implant.”
Implant Procedures (Codes 6100 – 6199)

- **D6080** Implant Maintenance
- Is this separate from a **D1110** in a patient with both natural teeth and implants?
- Is this separate from a **D4910** in a patient with a history of periodontal therapy?
How does axiUm contribute to the educational process?
Comments & My Disclaimer

• As a Periodontist, clinician and axiUm administrator, I have a unique perspective on the software setup, functionality and use.

• 80% of U.S. dental schools use axiUm. For those not using axiUm, I hope that your software has similar features.

• This presentation serves as a resource for you and your axiUm administrator.

• Disclaimer: I do not receive compensation from the Exan Group (axiUm)
Electronic Health Record

Accessing the Chart

Add tab

Click the black arrow facing to the left

Click on the folder with the green "+" sign to create a new record
Chart Add tab opens to the “Quick List” tab

- Totally customizable by each institution!
- Provides for the best educational opportunity
- Provides a mechanism to create categories of treatment
“Full List” Sorting is NOT Customizable and is in CDT Number Order

Includes ADA CDT and “institution” codes in traditional categories
Full List opens to this collapsed view

Expands to this view
“Search” can be by DESCRIPTION or CODE

- If searching, the most common method is by description
- How do I search for the code for a Subepithelial Connective Tissue Graft?
Search opens to “All Categories”

Start by clicking on Periodontics, which limits search to the D4000 codes!
- Type “graft” in the criteria field
- Click “Search”
- Quick List can open to an “expanded” view
- Collapsed view is my preferred choice

“Collapsed” View

Must have axiUm 5.1 or higher
Alphabetical order of Quick List “headers” for our Periodontics residents

Makes it VERY easy to find codes!
<table>
<thead>
<tr>
<th>Example: Drugs, Mouthrinses &amp; Meds</th>
<th>Example: Exam, Examinations, Reevaluations, Consults</th>
<th>Example: Surgery, Flap, No Osseous Recontouring</th>
</tr>
</thead>
<tbody>
<tr>
<td>D9612, Therapeutic parenteral drug 2X+</td>
<td>D0120, Periodic oral evaluation</td>
<td>D4240, Gingival flap proc - per quad</td>
</tr>
<tr>
<td>D9610, Therapeutic parenteral 1X</td>
<td>D0120B, Perio 6 wks post nonsx</td>
<td>D4241, Gingival flap→1 to 3 tth/quadrant</td>
</tr>
<tr>
<td>D9630A, Peridex - Periogard</td>
<td>D0120C, Perio 6 wks post sx</td>
<td>D4274, Distal or proximal wedge</td>
</tr>
<tr>
<td>D9630B, Other meds - SBE antibiotics</td>
<td>D0120HL, Implant initial exam</td>
<td>D7291, Transeptal fibroectomy</td>
</tr>
<tr>
<td>D9910, App - desensitizing medicament</td>
<td>D0120PO, Post-Op (no charge)</td>
<td>D7340, Vestibuloplasty, secondary epith</td>
</tr>
<tr>
<td>D9911, App - desensitiz resin-per th</td>
<td>D0140, Limited oral eval-prob focused</td>
<td>D7510, Incise/drain abscess-intraoral</td>
</tr>
<tr>
<td>D99725, External bleaching - syringe</td>
<td>D0150, Comprehensive oral evaluation</td>
<td>D7960, Frenulectomy - separate proc.</td>
</tr>
<tr>
<td></td>
<td>D0160, Detailed &amp; extensive oral eval</td>
<td>D7970, Excision - hyperplastic tiss</td>
</tr>
<tr>
<td></td>
<td>D0170, Re-eval-limited-prob focused</td>
<td>D7971, Excision - pericoronial gingiva</td>
</tr>
<tr>
<td></td>
<td>D0180, Comprehensive perio eval</td>
<td>D7972, Reduce fibrous tuberosity</td>
</tr>
<tr>
<td></td>
<td>D4999PO, Periodontics post-op</td>
<td></td>
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<tr>
<td></td>
<td>D9310, Consultation - not provider</td>
<td></td>
</tr>
<tr>
<td></td>
<td>D9310A, Consultation - implant</td>
<td></td>
</tr>
<tr>
<td></td>
<td>D9310NC, Consultation - No Charge</td>
<td></td>
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<tr>
<td>Example: Exam, Diagnostic, Other</td>
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<td></td>
</tr>
<tr>
<td>D0350, Oral/facial images</td>
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<td>D0421, Genetic test-oral diseases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D0460, Pulp vitality tests</td>
<td></td>
<td></td>
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<tr>
<td>D0470, Diagnostic casts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Example: Exam, Emergency and Treat</td>
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</tr>
<tr>
<td>D0140, Limited oral eval-prob focused</td>
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<tr>
<td>D7510, Incise/drain abscess-intraoral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D9110, Palliative Treatment-dent pain</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Originally I created individual procedure “headers”, then placed the ADA CDT codes underneath the header. But, there is a better way. Procedure Macros!

Looks like a pitch fork.
What is a Procedure Macro Code?

• In one “line item” are 2 or more embedded ADA CDT codes
• During planning or completion, codes can be added or deleted
How Do I Create A Procedure Macro Code?

Login as axiUm administrator – Maintenance – Clinical tab – Procedure Macro Codes

Light bulb to clear data

Type new code & description

“RAUG10M” Ridge Augment, 10mm J-Block

Review Macro procedure codes at time of entry
Looks complicated
How long does it really take to CREATE a macro?

Video
Looks complicated

How long does it really take to **ADD** the macro to the Quick List?

Video
How Do I Use A Macro Code?

Electronic Health Record → Black triangle → Folder green “+” sign
• Chart Add tab opens
• Category = Periodontics
• Hover over “Sinus lift, external (lateral)"
  - Displays all codes in the macro
• This also works in the Treatment Planning module
Click the “P” to plan all the procedures in the macro.
Click "OK" if there are no changes to the planned procedures.
Any procedure can be selected and deleted

D0330E selected – click folder with red “X” to delete it
Click the ellipsis box to add a D0220E procedure.

Double click the procedure to be added.

Select the appropriate category and header.
Click folder with **green “+” sign** to add D0220E to the other three codes.
Click “OK” to add all four procedures codes at the same time.

<table>
<thead>
<tr>
<th>Code</th>
<th>Code</th>
<th>Site</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D0220E</td>
<td></td>
<td></td>
<td>Panoramic for procedure (N/C)</td>
</tr>
<tr>
<td>D0220E</td>
<td></td>
<td></td>
<td>Guided tissue regen-resorb</td>
</tr>
<tr>
<td>D7951</td>
<td></td>
<td></td>
<td>Sinus lift external (lateral)</td>
</tr>
<tr>
<td>D0220E</td>
<td></td>
<td></td>
<td>Periapical for procedure (N/C)</td>
</tr>
</tbody>
</table>
Click “UL” for the upper left quadrant
Click “OK”

Click “OK” once more

All four codes have been planned
Video Demonstrating How To Use An axiUm Macro Code
<table>
<thead>
<tr>
<th>Date</th>
<th>Prov/User</th>
<th>Code</th>
<th>Site</th>
<th>Suf.</th>
<th>Stat</th>
<th>Phase</th>
<th>Discipline</th>
<th>Diagnosis</th>
<th>Appr. User</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/10/09</td>
<td>R. Sellin</td>
<td>Note</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Prescription</td>
<td>R. Sellin</td>
<td>phoned in (843-782-5657) for Vicodin ES 7.5 mg</td>
</tr>
</tbody>
</table>
Contact Information

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Thank You